									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/706 6 48													3		
			SMAL TYPE	LEI	NTTTY	OR	OTHER SMALL		1						
To	OTAL CLAIMS		<u> </u>					RAT	Ε	FEE	1	RATE	FEE	ł	
FC	R		· NUMBER	FILED .	NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00	1	
TC	TAL CHARGEA	BLE CLAIMS	/y minus 20=		•			XS	) <u> </u>		OR	X\$18=		1	
INI	EPENDENT C	LAIMS	3 minus 3 =		•			X40						ł	
MI	ILTIPLE DEPEN	IDENT CLAIM P	RESENT						=	<b> </b>	OR	X80=	<u> </u>		
• 11	the difference	in column 1 is	loce than a	ro ente	· · · · · · · · · · · · · · · · · · ·			+13	>=		OR	+270=			
If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL.		OR	TOTAL	711.6	P	
CLAIMS AS AMENDED - PART () (Column 1) (Column 2) (Column 3)									11 1	ENTITY	OR	OTHER SMALL			
4		CLAIMS REMAINING		HIGH	EST	(Column 3)	<b>)</b>	VIRA		ADDI-		SMALL	ADDI-	ŀ	
<b>AMENDMENT A</b>		AFTER AMENDMENT		PREVI	OUSLY	PRESENT EXTRA		RATE	E	TIONAL		RATE	TIONAL	Ì	
	Total	. 18	Minus	- 2	<u>d</u>	=		XS 9	)=	ree	OR	X\$18=	FER	ĺ	
E	Independent	. 3	Minus	•••	3		1	X40	_	<del>/-</del>		X80=		1	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1	740		-/-	OR	<b>⊼60</b> =	├ <i>─</i> /	ł	
+135=												+270=			
									AL		OR	TOTAL ADDIT. FEE			
_		(Column 1)	1.5 (ETT) (\$15.00)	(Colu		(Column 3)	١.								
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE		
	Total	.15	Minus		0	40		X\$ 9	Ħ		OR	X\$18=	7	Ī	
	Independent	<u> </u>	Minus	ے •••	<u>3</u>	-6	]	X40	<b>/</b>	<i>-</i>	OR	X80=		1	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		J		$\mathcal{H}$		OH	/-		ł	
	<b>~</b> /		+835			OR	+270=		l						
Column 1) (Column 2) (Column 3)									EE		OR	TOTAL ADDIT. FEE		Į	
		(Column 1)		(Colui		(Column 3)	١.							J	
AMENDMENT C	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATI	≣	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	• 15	Minus	· 2	<b>3</b> 0	2	] [	X\$ 9			OR	X\$18=/			
AME	Independent	• 3	Minus	***	<u>ئ</u>	=		X40:	.	/	OR	X8Ø=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												<del>/</del>			
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** Apply See											OR	+270=			
•••	ll the "Highest Nu: Il the "Highest Nu:	mber Previously Pa mber Previously Pa ber Previously Pai	aid For IN THIS aid For IN THIS	S SPACE I S SPACE I	s less than	1 20, enter "20, 1 3, enter "3."	_	DDIT, F	EΕ	ropriate box		TOTAL) ADDIT, FEE Jumn 1,			
	PTO-875		1	a D			Post-	ni and T		ad Olfan !!!	. nen	ARTMENT OF	COMMEDIC		
Røv.	5/00)	18	12	$\omega$			- 410	. u esty 11	) )	44 ORGE, U.	s. ver	raimeni Ur	- Therete	1	
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